Hampshire Nutrition, Healthy Weight and Food Insecurity Strategy

2026-2030

Hampshire County Council

Contents

Summary

It remains a priority that Hampshire residents of all ages can access enjoyable, nutritious and more sustainable food, and achieve and maintain a healthier weight, whatever their social and economic circumstances. To achieve this, partners must work collaboratively across systems to deliver shared objectives.

The Hampshire Nutrition, Healthy Weight and Food Insecurity Strategy 2026-2030 sets a commitment to improve population-level nutrition and healthy weight across all ages and stages of life. This helps us to meet the priorities of Hampshire County Council's Public Health Strategy, and the call to action in the Director of Public Health Annual Report 2023 to 2024; to propose that we agree a healthy weight approach across Hampshire, including plans to reduce child obesity.

Diet quality and nutritional status vary significantly across population groups, with people living in lower income households more likely to consume diets that are energy dense but nutrient poor. In Hampshire, nearly two thirds of adults, a third of Year 6 children, and a quarter of children in Reception are overweight or obese. Prevalence is higher in areas of deprivation and specific population groups. Food insecurity is more prevalent in the highest areas of deprivation in Hampshire, and among households facing multiple pressures such as low income and rising living costs, disability and ill health.

This refreshed strategy builds on the progress and learning from the previous Hampshire Healthy Weight Strategy 2022-2026. It recognises that achieving and maintaining a nutritious diet and healthy weight is shaped by a complex mix of social, environmental, economic and biological factors. Social and cultural changes, food insecurity, growing use of new medications, demographic shifts and persistent inequalities reinforce the need for coordinated action across public health, primary care, wider health and social care services, education, communities, residents and other sectors such as voluntary, housing, planning and transport.

Delivering lasting change requires continued action across our three objectives:

1. **Increase the nutritional value, diversity and sustainability of what people eat, by improving food provision, knowledge and skills across all life stages**
2. **Support people to achieve and maintain a healthier weight through environments and approaches that make it easier**
3. **Address the causes of food insecurity by improving access to good food and reducing the inequalities that shape people's ability to eat well**

Purpose, vision and principles

Purpose

The purpose of this strategy is to reiterate our shared commitment and renew the call to action for a whole system approach to nutrition, healthy weight and food insecurity.

Our residents' ability to eat well and maintain a healthier weight is shaped by income, access to food, housing, education, healthcare and local environments. These barriers and enablers are not evenly distributed across Hampshire. Individual behaviours do not happen in isolation, and to make meaningful and lasting progress, we must address broader structural and environmental drivers.

"A dedicated strategy for nutrition, healthy weight and food insecurity helps move us from reacting to preventing, strengthens wellbeing and tackles the root causes of poor health. It focusses collective efforts to create the conditions where healthy choices become easier for all and reflects our commitment to giving every resident the foundations for a healthier, fairer life."

Simon Bryant, Director of Public Health, Hampshire County Council

Vision

We want Hampshire to continue fostering an environment where everyone is encouraged, supported and empowered to eat well and maintain a healthier weight, with a focus on those impacted most. This is only achievable through strong, on-going partnership working and shared responsibility across organisations and partners. By shaping healthier environments, we can make opportunities for living and eating well more accessible, achievable and fair for all.

Principles

As in our previous Healthy Weight Strategy, we echo the Weight Stigma Position Statement from the Obesity Health Alliance. Partners across the system must work together towards non-stigmatising communication and practice.

We will embed the following principles across all our work on nutrition, healthy weight and food insecurity:

1. **Inclusive and non-stigmatising communication:** we will ensure all communication is respectful, inclusive and free from stigma, using person-centred language that prioritises dignity and mental wellbeing.
2. **Equity and fair access:** we will ensure fair and proportionate access to information and support, addressing structural barriers and prioritising those facing the greatest barriers to accessing nutritious food and maintaining a healthy weight.

3. **Person-centred approach and co-design:** support will be designed and delivered with residents and communities, with lived and living experience applied to ensure approaches are meaningful, accessible and culturally appropriate.

Context

Nutrition

Nutrition is a foundation of good health, wellbeing and quality of life, but it is not available to everyone. The food environment impacts what foods are available, accessible and affordable to an individual[1]. Fast food and highly processed food is convenient and widely available, often making it the default choice for busy people with limited time. Fast food outlets are more prevalent in the most deprived areas[2]. The ease by which a person can access food, as well as the messages in their environment, influence what they eat. Advertising and promotion of less nutritious foods is extensive, but only 2% of the money spent on advertising food and non-alcoholic drink is on fruit and vegetables[3].

Nutritious food is a factor in the prevalence of preventable disease and poor quality of life. Dietary risks such as high salt intake and low consumption of fruits, vegetables and whole grains are the biggest risk factor for cardiovascular disease (CVD)[4]. In Hampshire 36% of adults are meeting their '5-a-day' fruit and vegetable consumption, compared with the England average of 31%[5]. However, inequalities exist within the county; less than 25% of adults residing in Rushmoor meet their '5-a-day'.

Healthy weight

There is an increasing prevalence of overweight and obesity in Hampshire; over 66% of adults are overweight or obese compared to the England average of 64%. This statistic hides inequalities by geography. For example, the prevalence of adult overweight and obesity in New Forest, Havant and Gosport localities is 77%, 72% and 68% respectively[6]. Around a third of Year 6 children (32%), and almost a quarter of children in Reception (23.3%) are overweight or obese in Hampshire (academic year 24/25)[7].

[1] How important are educational interventions as a tool for improving dietary health?, The Food Foundation, 2023
[2] Fast Food outlets per 100,000 population (2024), Fingertips - Public health profiles, Department of Health and Social Care
[3] The Broken Plate 2025: The State of the Nation's Food System, The Food Foundation
[4] Health matters: preventing cardiovascular disease - GOV.UK
[5] Percentage of adults meeting the '5-a-day' fruit and vegetable consumption recommendations, Fingertips – Public health profiles, Department of Health and Social Care
[6] Adult obesity, Fingertips – Public health profiles, Department of Health and Social Care
[7] Child BMI categories, Fingertips – Public health profiles, Department of Health and Social Care

Being active can contribute to weight loss and maintenance. In Hampshire 66% of adults (23/24) and 49.6% of children and young people (academic year 24/25) meet the recommended levels of physical activity[8]. Moving more is one of the best things we can do for our health and wellbeing.

Obesity significantly increases the risk of early death from cardiovascular disease, some cancers, type II diabetes and hypertension, and can worsen existing mental health conditions. People such as those living with severe mental illness (SMI) may find it harder to access support, and stigma can further discourage engagement with services.

As Hampshire residents live longer, those affected by overweight and obesity are more likely to experience multiple long-term conditions, impacting quality of life and increasing demand for health and social care, primary care consultations and hospital admissions. Inequalities persist, with higher prevalence among people living in deprived areas, some ethnic minority communities, people with disabilities and those with long-term conditions. Obesity also places a significant financial burden on the NHS and social care, with an estimated annual cost of at least £11 billion and £1 billion respectively.[9][10]

Food insecurity

Sustainable access to nutritious food is not assured for all Hampshire residents. Increasing food insecurity and variable food affordability makes it harder to choose. Food-insecure households are more likely to cut back on purchasing fruit, vegetables, dairy and eggs. On average, healthier foods are more than twice as expensive per calorie as less healthy foods[11]. The most deprived fifth of UK households would need to spend 45% of their household income to afford the Eatwell Guide, rising to 70% for households with children[10]. In the UK, over five million households have cut back on or skipped meals because they cannot afford food[12].

Food insecurity not only affects whether households have enough food, but also what types of food are accessible, affordable and culturally appropriate. This directly shapes diet quality, nutritional status and long-term health. Pressures such as rising food prices, disrupted supply chains, climate impacts and the wider cost of living impact those in lower-income households more acutely. There is international evidence that climate change is already reducing crop yields, increasing food production costs and driving food price inflation[13].

In Hampshire, areas that have been modelled as being at higher risk of food insecurity include Basingstoke, Havant, Waterlooville, Andover, Aldershot, Gosport

[8] Physical activity, Fingertips – Public health profiles, Department of Health and Social Care
[9] Obesity – Department of Health and Social Care
[10] The economic and productivity costs of obesity and overweight in the UK, Nesta, 2025
[11] The Broken Plate 2025: The State of the Nation's Food System, The Food Foundation
[12] No let-up for millions of families in hardship: JRF's cost of living tracker, winter 2025, Joseph Rowntree Foundation
[13] The State of Food Security and Nutrition in the World 2025, Food and Agriculture Organization of the United Nations

and Totton[14]. This is based on a range of index factors including household structure, universal credit claimants, low income, mental health, education attainment and distance to large/medium food stores. Eligibility for free school meals remains a key indicator of income inequality and highlights opportunities to expand access to hot, nutritious meals for our Hampshire children[15].

Drivers

Nutrition, healthy weight and food insecurity are complex problems, with many contributing factors that range from genetics and individual behaviours to cultural and societal norms. These factors interconnect to drive poor health and wellbeing.

A shared understanding of our local drivers supports our commitment to whole system working to slow or stop these drivers. In Hampshire, through system mapping, engagement with residents and services, and collaboration with Southampton, Portsmouth and the Isle of Wight, we have developed a deeper understanding of our system drivers:

Time and resource poor families: families who are short of resources, like money, material objects and time, will prioritise what is most practical, accessible, and affordable. Over time, local environments prioritise convenience, speed and ease, which may be at the expense of health and wellbeing.

Public spaces seen as inaccessible and/or unsafe: if people perceive community, green and blue spaces as inaccessible, unsafe or unappealing, they get used less. They may become empty and poorly maintained, and any unwelcome behaviour might be amplified.

Messages and signals in the environment: national and local advertising and promotions prioritise convenience, making less healthy food the easiest choice.

Competing priorities: if we don't clearly define our objectives on nutrition, healthy weight and food insecurity in strategies and policies, other things get prioritised. It is important we all work together in the same direction.

Inequalities

Nutrition, healthy weight and food insecurity continue to be shaped by the building blocks of health, which include income, housing, employment, transport, access to green space and the local food environment. These building blocks vary across Hampshire.

[14] Food insecurity, Joint Strategic Needs Assessment: Healthy Places, Hampshire Public Health
[15] Free School Meals, Joint Strategic Needs Assessment: Healthy Lives, Hampshire Public Health

Addressing these differences requires meaningful engagement with communities. This includes co-designing interventions, working with trusted local organisations, strengthening cultural competence across services and using data and insight to tailor support to specific population needs. It also requires using appropriate language and role-modelling to prevent stigma associated with weight status.

With the facts, drivers and inequalities considered, partners must continue to prioritise support for the following groups:

- Babies, children, young people and families living in more disadvantaged circumstances
- People living in areas of highest deprivation
- Ethnic minority populations at higher clinical risk
- People with long-term conditions, including cardiovascular disease and diabetes
- Groups of people more likely to suffer health inequalities such as people with learning disabilities, people with physical disabilities and people living with serious mental illness (SMI)

These groups remain the most likely to face barriers to achieving and maintaining healthier behaviours, so focusing support where need is greatest is central to reducing inequalities and improving outcomes across Hampshire.

Case study: Co-designing weight management support with Hampshire residents living with a learning disability

A specialist dietician was commissioned to design a new Tier 2 weight management programme tailored to the needs and lived experiences of the learning disability (LD) community. They worked collaboratively with partners, providers, carers and people with lived experience of LD, using research and insights to shape content, delivery and resources. Engagement identified opportunities to provide a foundation of nutrition knowledge for carers and highlighted the everyday barriers people living with LD face when trying to make healthy choices, including cooking skills, sensory preferences and eating habits. This demonstrated the need for training that is practical, accessible and grounded in everyday realities.

The insights informed co-development: People with LD played a central role in shaping priorities such as portion sizes, meal planning, understanding long term health risks, and turning ‘healthy eating’ into practical and achievable actions. This resulted in tools such as the Healthier Me booklet, easy read materials and interactive, activity-based learning.

A pilot phase was delivered across residential, day services and supported living, alongside parallel training for carers and support workers. Carers reported improved nutrition knowledge and confidence, and participants experienced weight loss,

reduced waist circumference or weight maintenance (rather than increase), along with greater confidence and engagement in healthy eating.

This demonstrates how working with our communities can help create and deliver support to those that will benefit most. Embedding the voices of people with LD, their families, carers and frontline staff, alongside subject experts, has achieved a sustainable, evidence-informed model that improves health outcomes. It is accessible, relevant and adaptable to real life settings. These new resources will undergo final place-based testing before wider rollout.

Progress against the previous strategy

In updating our objectives, we want to reflect and build on the progress of the Healthy Weight Strategy 2022-2026. The purpose of this section, as well as the case studies throughout, are to share examples of the positive impact of partners working towards our previous objectives and identify opportunities to build on these successes.

Objective 1: We will support places and communities to make it easier for residents to achieve and sustain a healthier weight

- Havant Borough Council considered the Joint Strategic Needs Assessment and healthy urbanism approaches to enhance the health and wellbeing outcomes of the large-scale Waterlooville Town Centre Regeneration, with the aim of improved access and connection, enhancing green space, and safer overlooked streets.
- Over three hundred spatial planning and transport professionals have completed Healthy Streets training, promoting and facilitating opportunities for physical activity in urban design.
- Fifteen (four in 2024 and 11 in 2025) active travel grants have been awarded to Districts and Boroughs by Hampshire County Council, to support behaviour change towards active travel. Projects included cycle training, bus bikes and walking and wheeling festivals.
- Schools and workplaces (supported by Hampshire County Council Travel Planning team) continue to participate in campaigns and events such as Walk to School Week and Clean Air Day.
- Havant Borough Council, Rushmoor Borough Council and Gosport Borough Council are developing Fast Food Takeaway Policies within Local Plans.

Case study: Healthy Streets

The way streets are built affects who uses them and how. Hampshire County Council has adopted Healthy Streets in the Local Transport Plan (LTP4).

Healthy Streets is a framework that helps design streets that feel safe, pleasant and accessible for as many people as possible. Future design decisions are made using evidence-based measures to assess how a street supports people walking, wheeling and cycling.

Opportunities to create healthier, people-focussed places which encourage independence, increase social interaction, boost wellbeing and provide more people with better journeys are being prioritised through partnership working to embed Healthy Streets across the council and partners:

- Training over three hundred place professionals, as well as officers and elected Members
- Healthy Streets evaluation of five recent transport projects and sharing of learning
- Linking Healthy Streets into strategy and Health and Wellbeing Board actions
- Working with districts and boroughs to include Healthy Streets in Local Plans
- Reviewing scheme designs to improve Healthy Streets outcomes.

Objective 2: We will work with partners to affect change in settings to promote healthier weight across the life course

- Seventy-one primary schools and five after-school activity providers have received one-to-one support and training as part of the Movement for All project, to make PE and physical activity more inclusive. Initial evaluation shows the majority of participants felt it increased participation in, and enjoyment of, physical activity. Based on this success, the programme has been extended.
- The Skills Health and Wellbeing programme has been working with providers and partners to promote physical activity offers that participants can continue with their family after the 4-week programme.

Objective 3: We will reduce inequalities in health by focusing on people and populations most at risk

- The multi-partnership Hampshire Food Alliance has established a strategic oversight group and is fostering stronger collaboration and insights across a wide range of sectors. Current work is focusing on developing preventative and supportive pathways for residents.
- Nine out of eleven districts and boroughs have Local Food Partnerships at varying stages of development. This progress reflects growing collaboration across the county to address food insecurity.
- Community pantries and food banks are using vegetable cards to support residents with storing, preparing and cooking commonly donated vegetables.
- Community research was carried out to explore barriers to food bank and pantry use among ethnic minority communities in Hampshire. Improvements will focus on inclusivity, cultural relevance, endorsement by community leaders and practical access.

- Hampshire County Council's adults social care assessments have now added indicators and support plans for adults that relate to healthier weight.
- Commissioners and providers have worked together to pilot and extend programmes of weight management support to residents living with a serious mental illness and also to men-only and women-only weight management with physical activity programmes.
- Following research with families, 'picky eating' was identified as a barrier to eating well on a budget. Hampshire County Council's public health team have developed Food Labs sessions, for families to explore and experiment with food without pressure. Resources and training will be available later in 2026.

New strategic objectives and priorities

Our new set of objectives are intentionally shorter, clearer and more focused, while remaining grounded in evidence, lived experience, and what we have learned from partners and communities. Together, these objectives provide a shared framework for collective action across the system, in alignment with wider health and care priorities.

As part of the refresh, we brought system colleagues together at a Health and Wellbeing Assembly in December 2025 to gather feedback on priorities and next steps.

Partners at the Assembly highlighted four top priorities:

- Addressing environmental determinants
- Improving access to healthy food and reducing inequalities
- Ensuring consistent system-wide messaging
- Strengthening early years and school-based prevention.

They further also identified key areas for joint action, including:

- System mapping
- Workforce development
- Inclusivity and reducing stigma
- Supporting children and young people.

Alongside wider stakeholder conversations, these have been used to renew the priorities and objectives to improve nutrition, facilitate healthy weight and mitigate food insecurity in Hampshire.

"Hampshire's refreshed Nutrition, Healthy Weight and Food Insecurity Strategy sets a clear, shared ambition for improving healthy weight across Hampshire. It strengthens our collective focus on prevention, enabling system partners to work together to deliver better outcomes, reduce health inequalities and support people to live healthier lives.

This aligns closely with the direction of the NHS 10 Year Health Plan, particularly the shift towards neighbourhood health and earlier intervention."
Lara Alloway, Chief Medical Officer, NHS Hampshire and Isle of Wight

Objective 1: Increase the nutritional value and diversity of what people eat, by improving food provision, knowledge and skills across all life stages

	Our priorities are:
1.1	**Improving the provision of nutritious, diverse, enjoyable and more sustainable food in key settings.** Prioritising early years settings, schools and the Best Start in Life Family Hubs (where appropriate).
1.2	**Supporting early life nutrition and healthy development.** Through improving infant feeding, breastfeeding support and nutrition at key stages of development, from early years to adolescence.
1.3	**Improving access to nutrition support for people with higher needs.** Including those experiencing food insecurity, social isolation or barriers related to income, age, disability or long-term health conditions.
1.4	**Strengthening food literacy and evidence-based nutrition education across the life course.** Providing evidence-based messaging and enabling people to shop, cook and eat well at different life stages.
1.5	**Improving nutritious food options for older adults.** Supporting older adults to have a nutritious diet.

Case study: School Food Guidance

It is important for children and families to have access to school meals that are enjoyable and meet the standards set out by government. Beyond this, school food has the potential to reduce inequalities in dietary intake, support sustainable food systems, and shape children and young people's tastes and behaviours.

Hampshire County Council's public health team developed and launched school food guidance to support education settings to embed health and sustainability into their provision. It provides practical tips for senior leaders, business managers and governors on how all elements of provision, including developing and managing a contract, can be used to achieve positive health and wellbeing outcomes.

From January 2026, Hampshire County Council began providing school meals through a new supplier under a managed contract. The public health team supported the development of the specification and the addition of health-related key performance indicators and now works collaboratively with contract managers to support ongoing diverse and nutritious options on the new menus.

Objective 2: Support people to achieve and maintain a healthier weight through environments and approaches that make it easier

Our priorities are:	
2.1	**Improving the environments in which people live, learn, play and work.** Creating supportive settings including neighbourhoods, schools, early years, workplaces and community spaces where healthier choices are easier, more affordable and more accessible.
2.2	**Embedding health outcomes across local plans, policies and strategies.** Ensuring that planning, transport, climate and regeneration policies maximise health benefits, reduce inequalities and minimise negative impacts on communities that are most affected.
2.3	**Ensuring that healthy, active environments are embedded in planning, development and regeneration**. Working with partners to design neighbourhoods, transport systems and public spaces that support physical activity, active travel and access to healthier food.
2.4	**Providing clear, consistent and accessible health-promotion messages.** Partners will work with communications teams and strengthen workforce training to ensure clear, evidence-based messaging and effective signposting.

2.5	**Strengthening access to weight management support** Working across systems to improve access to NHS and locally commissioned weight management services, particularly for priority groups (including for people with learning disabilities, men, those with long term conditions and people living with serious mental illness)**.**

Objective 3: Address the causes of food insecurity by improving access to good food and reducing the inequalities that shape people's ability to eat well

Our priorities are:	
3.1	**Addressing the wider determinants that contribute to food insecurity**. Tackling the social, economic and environmental factors that drive food insecurity with a focus on populations most at risk.
3.2	**Strengthening support systems for people experiencing food insecurity.** Improving the coordination, reach and quality of support, including advice, referrals, emergency food provision and pathways into broader help.
3.3	**Improving access to good food at a local level.** Expanding local assets, networks and initiatives that support access to nutritious, affordable, sustainable food in different spaces.
3.4	**Building community level support for healthy and sustainable food systems.** Strengthening community food projects, social eating, growing schemes and support networks to improve access to nutritious, affordable food**.**
3.5	**Reinforcing system coordination and partnership working.** Improving coordination between partners, mapping local provision, and aligning efforts to ensure a joined-up approach to food insecurity and other health issues, such as access to support for good oral health.

Measuring success

The Hampshire Healthy Weight Strategy 2022-2026 recognised that the factors influencing healthy weight are complex and that no single organisation alone can reverse trends. County-wide prevalence of overweight and obesity is shaped by many wider determinants and may not fully demonstrate the impact of local action.

Success will be measured through a combination of:

- system-level indicators on healthy weight, diet quality, access to nutritious food and levels of food insecurity
- partner-led outcomes
- qualitative evidence of change, such as case studies and feedback from residents
- measures of health inequalities

To ensure accountability and track progress, partners working with Public Health will agree clear actions. We need to hold each other to account on our shared commitment, principles and objectives.

Future proofing

At the time of writing, several important partners (including NHS England and local Integrated Care Boards) are undergoing structural change, with Local Government Reorganisation (LGR) and Devolution affecting Local Government in the future. This will affect partners and presents both challenge and opportunity.

Appendix 1: Evidence-based interventions

Work on the strategy objectives may be delivered differently, but we will retain a focus on evidence-based interventions and approaches:

Nutrition

- **Education settings:** Targeting settings to increase the availability of fruit, vegetables and other healthy foods.
- **Workplaces**: Targeting settings to increase the availability of fruit, vegetables and other healthy foods in canteens and vending machines.
- **Education**: Evidence shows that school-based nutrition education, based on behaviour change theories, influences positive changes in child and adolescent eating behaviours[16]. School programmes such as TasteEd and Veg Power have been shown to impact children's perception and willingness to try new foods[17].
- **Community food growing**
- **Nutritional safety nets**: programmes such as Free School meals, Healthy Start and the Holiday Activity and Food Programme provides those at greatest risk of poor diet or hunger the opportunity to increase their intake of healthy nutritious food.

Healthy weight

- **Partnership working**: Co-ordinated interventions which target causes and contributory factors of ill health such as poverty, deprivation and education are vital in creating long-term health, with a focus on place and specific communities.
- **Settings**: Targeting settings such as early years and schools, given the amount of time children spend in them. These settings also contribute to the first 1001 days and allow for targeting areas of inequality.
- **Physical activity**: Creating more opportunities to move from inactivity to physical activity, by designing places and travel systems, and by access to provision.
- **Adult weight management**: There is emerging evidence that Tier 2 programmes can be effective in diverse adult populations, though targeted support should be offered to those underserved by a universal offer. Current evidence supports short/mid-term use of weight loss medication (GLP-1) under the supervision of a clinician or with wrap-around care. However, weight gain is noted once GLP-1 treatment is ceased.

Food insecurity

- **Income-led**: Evidence shows that food insecurity is most effectively reduced through integrated, income-led approaches that help people move away from short-term help (e.g. food banks) and address root causes

[16] Effects of nutritional intervention strategies in the primary prevention of overweight and obesity in school settings: systematic review and network meta-analysis | BMJ Medicine
[17] How important are educational interventions as a tool for improving dietary health?, The Food Foundation, 2023

- **Combined interventions**: Interventions should combine financial support, accessible advice and dignified, affordable food access
- **Choice**: Joined up delivery that prioritises choice
- **Onward signposting**: Clear routes to wider support helps households stabilise their circumstances and reduces reliance on emergency provision.